

## Tax Year 2003 Rhode Island Form RI-1040 & 1040H 2D Barcode Layout

Field ID	RI Form Line Ref	Field Name	Max Size	Type	Edit and Instructions
<b>HEADER SECTION</b>					
1	Code and Header Version		2	AN	value =T1
2	Developer Code	NACTP ID	4	N	assigned by NACTP
<b>RI-1040 INFORMATION</b>					
3		Tax Year	4	N	2003
4		form type	7	AN	RI1040R
5		Primary last name, no suffix	20	AN	
6		Primary First Name	14	AN	
7		Primary MI	1	AN	
8		Primary SSN	9	N	#####
9		Spouse Last Name	20	AN	
10		Spouse First Name	14	AN	
11		Spouse MI	1	AN	
12		Spouse SSN	9	N	#####
13		Address	35	AN	number, street, RR, or PO Box
14		City or Town	21	AN	
15		State	2	AN	
16		Zip + 4	9	AN	left justify
17		City or Town of Legal Residence	21	AN	
18		Electoral System Contribution <b>YES</b>	1	A	X if box checked, blank if not marked
19		Electoral System Contribution <b>NO</b>	1	A	X if box checked, blank if not marked
20		Electoral Party specified	12	A	
21		Non-Partisan account	1	A	X if box checked, blank if not marked
22		Single	1	A	X if box checked, blank if not marked
23		Married Joint	1	A	X if box checked, blank if not marked
24		Married Separate	1	A	X if box checked, blank if not marked
25		Head of Household	1	A	X if box checked, blank if not marked
26		Qualifying Widow(er)	1	A	X if box checked, blank if not marked
27		RI Deduction Schedule	1	A	X if box checked, blank if not marked
28	1	Federal Adjusted Gross Income	9	N	
29	2	Modifications	9	N	
30	4	Federal deductions	9	N	
31	6	Federal Exemption amount	9	N	
32	6a	Number of exemptions	2	N	
33	8	Tax Table	1	A	X if box checked, blank if not marked
34	8	RI Schedule CGW	1	A	X if box checked, blank if not marked
35	8	RI Schedule D	1	A	X if box checked, blank if not marked
36		RI Schedule J	1	A	X if box checked, blank if not marked

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37	8	RI-8615	1	A	X if box checked, blank if not marked
38	8	RI Tax Amount	9	N	
39	8b	Other RI Taxes	9	N	
40	9	RI Alt-Min Tax	9	N	
41	11A	Federal Credits Allowable	9	N	
42	13	RI tax after allowable credits	9	N	
43	11B	Other credit form number	4	AN	
44	11B	Other Credit Amount	9	N	
45	11B	Other credit form number	4	AN	
46	11B	Other Credit Amount	9	N	
47	11B	Other credit form number	4	AN	
48	11B	Other Credit Amount	9	N	
49	11B	Other credit form number	4	AN	
50	11B	Other Credit Amount	9	N	
51	11C	Credit for Income Tax Paid to Other State	9	N	
52	14	RI Sales & Use Tax	9	N	
53		NULL			
54		NULL			
55		NULL			
56		NULL			
57	16	Contributions	9	N	
58	18A	RI Income Tax Withheld	9	N	
59	18B	Estimated from 1040ES & carryover from 02	9	N	
60		Extension attached indicator	1	AN	X if box checked, blank if not marked
61	18C	Property Tax relief	9	N	
62		NULL	9	N	
63	18D	RI Earned Income Credit	9	N	
64	18E	Other payments	9	N	
65	19	2210 amount	9	N	
66	19	Balance Due	9	N	
67	20	Overpayment	9	N	
68	21	Refund amount	9	N	

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69	22	Carry over to 2004	9	N	
70	23C	total upward modifications	9	N	
71	24C	Total Downward modifications	9	N	
72	27	Foreign Tax Credit	9	N	
73	28	Child & Dependent Care Credit	9	N	
74	29	Credit for the Elderly	9	N	
75	30	Other Federal Credits	9	N	
76	31	Federal EIC	9	N	
77	36	AGI from other State	9	N	
78	38	Name of other state	2	AN	
79	40	amount of tax paid to other state	9	N	
80	42A	Drug Program account	9	N	
81	42B	Olympic Yes	1	A	X if box checked, blank if not marked
82	42B	Olympic No	1	A	X if box checked, blank if not marked
83	42C	Organ Transplant	9	N	
84	42D	Council on the Arts	9	N	
85	42E	Non-Game wildlife	9	N	
86	42F	Childhood Disease Victims Fund	9	N	
87	signature area	Forms needed next year	1	A	X if box checked, blank if not marked
88	signature area	Division Contact Preparer Yes	1	A	X if box checked, blank if not marked
89	signature area	Preparer SSN, PTIN or EIN	9	AN	left justify, no hyphens
		<b>RI Schedule Capital Gain Worksheet</b>			
90	line 2 page 4	amount of capital gains	9	N	
91	line 4 page 4	tax on the amount on line 3	9	N	
		<b>RI Schedule D</b>			
92	line 2 page 5	Federal Schedule D	9	N	
93	lien 3 page 5	federal form 4952 line 4g	9	N	
94	line 5 page 5	combine federal schedule d 7b and line 20	9	N	
95	line 6 page 5	federal schedule d line 20	9	N	
96	line 7 page 5	federal schedule d line 19	9	N	
97	line 10 page 5	subtract line 9 from line 1	9	N	
98	line 17 page 5	qualified 5 year gain	9	N	
99	line 19 page 5	multiply line 18 by 2.00% (.02)	9	N	
100	line 2 page 3	federal earned income credit	9	N	
101	line 8 page 3	RI refundable earned income credit	9	N	
102	10	Form 4972 line 30	9	N	
103	11	Form 8814 line 9	9	N	
104	16	Form 8615 line 18	9	N	
105	12	Recapture of federal credits	9	N	
		<b>RI Alternative Minium Tax</b>			

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106	1	Form 6251 line 28	9	N	
107	2	Exemption			
108	5	Alt-Min foreign tax credit (federal 6251 line 32)			
109	14	RI Alt-Min Tax			
110	16	Amt from RI Sch D line 9			
111	17	Amt from RI Sch D line 7			
112	18B	Amt from RI Sch D line 4			
113	22	Amt from RI Sch D line 16			
114	25	Amt from RI sch D line 17			
115	36	smaller of line 34 or 35			
		<b>RI Schedule J Averaging</b>			
116	11	Schedule J line 3	9	N	
117	13	Schedule J line 8	9	N	
118	14	Schedule J line 12	9	N	
119	15	Schedule J line 16	9	N	
120	19	Schedule J line 21	9	N	
		<b>Exemption Worksheet</b>			
121	31	enter the child's credit federal AMT	9	N	
122	33	line 29 or line 32			
		<b>RI 1040-H Property Tax Relief</b>			
123	A	legal resident flag yes	1	A	X if box checked, blank if not marked
124	A	legal resident flag NO	1	A	X if box checked, blank if not marked
125	B	Rent Flag YES	1	A	X if box checked, blank if not marked
126	B	Rent Flag NO	1	A	X if box checked, blank if not marked
127	C	Prior year Current YES	1	A	X if box checked, blank if not marked
128	C	Prior year Current NO	1	A	X if box checked, blank if not marked
129	D	Current Year Current YES	1	A	X if box checked, blank if not marked
130	D	Current Year Current NO	1	A	X if box checked, blank if not marked
131	E	Household Income YES	1	A	X if box checked, blank if not marked
132	E	Household Income NO	1	A	X if box checked, blank if not marked
133	2	Non-Taxable Interest & Dividends	9	N	
134	3	Capital Gains not included in line 1	9	N	
135	4	Social Security and RR retirement	9	N	
136	5	Workers Comp and tax exempt pensions	9	N	
137	6	Cash public assistance	9	N	
138	7	Other non-taxable income	9	N	
139	9A	Primary date of birth	8	N	mmddyyyy
140	9B	Spouse date of birth	8	N	mmddyyyy
141	9C	Disability switch - YES	1	AN	X if box checked, blank if not marked
142	9C	Disability switch - NO	1	AN	X if box checked, blank if not marked

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143	9D	Number of persons in household	1	N	
144	10	Amount of property tax paid	9	N	
145	16	Amount of rent paid	9	N	
146		NULL			
147		NULL			
148		NULL			
149		NULL			
150		NULL			
151		NULL			
152		NULL			
153		NULL			
154		NULL			
155		NULL			

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		W-2 information (10 occurrences)			
156	1st W-2	Employer ID	9	N	##### (9)
157	1st W-2	Employer Name	35	AN	Text
158	1st W-2	Employer Address	35	AN	Number/text (separate lines with commas)
159	1st W-2	Box #1: Wages/Tips/Salaries	9	N	Number, opt. decimal
160	1st W-2	Employee SSN (no punctuation)	9	N	##### (9)
161	1st W-2	Employee Name	35	AN	Text
162	1st W-2	Name of state 1 withholding	2	AN	Two letter state code
163	1st W-2	Amount of state 1 withholding	9	N	Number, opt. decimal
164	1st W-2	Name of locality 1 withholding	10	AN	Text
165	1st W-2	Amount of locality 1 withholding	9	N	Number, opt. decimal
166	1st W-2	Name of state 2 withholding	2	AN	Two letter state code
167	1st W-2	Amount of state 2 withholding	9	N	Number, opt. decimal
168	1st W-2	Name of locality 2 withholding	10	AN	Text
169	1st W-2	Amount of locality 2 withholding	9	N	Number, opt. decimal
170	2nd W-2	Employer ID	9	N	##### (9)
171	2nd W-2	Employer Name	35	AN	Text
172	2nd W-2	Employer Address	35	AN	Number/text (separate lines with commas)
173	2nd W-2	Box #1: Wages/Tips/Salaries	9	N	Number, opt. decimal
174	2nd W-2	Employee SSN (no punctuation)	9	N	##### (9)
175	2nd W-2	Employee Name	35	AN	Text
176	2nd W-2	Name of state 1 withholding	2	AN	Two letter state code
177	2nd W-2	Amount of state 1 withholding	9	N	Number, opt. decimal
178	2nd W-2	Name of locality 1 withholding	10	AN	Text
179	2nd W-2	Amount of locality 1 withholding	9	N	Number, opt. decimal
180	2nd W-2	Name of state 2 withholding	2	AN	Two letter state code
181	2nd W-2	Amount of state 2 withholding	9	N	Number, opt. decimal
182	2nd W-2	Name of locality 2 withholding	10	AN	Text
183	2nd W-2	Amount of locality 2 withholding	9	N	Number, opt. decimal
184	3rd W-2	Employer ID	9	N	##### (9)
185	3rd W-2	Employer Name	35	AN	Text
186	3rd W-2	Employer Address	35	AN	Number/text (separate lines with commas)
187	3rd W-2	Box #1: Wages/Tips/Salaries	9	N	Number, opt. decimal
188	3rd W-2	Employee SSN (no punctuation)	9	N	##### (9)
189	3rd W-2	Employee Name	35	AN	Text
190	3rd W-2	Name of state 1 withholding	2	AN	Two letter state code
191	3rd W-2	Amount of state 1 withholding	9	N	Number, opt. decimal
192	3rd W-2	Name of locality 1 withholding	10	AN	Text
193	3rd W-2	Amount of locality 1 withholding	9	N	Number, opt. decimal
194	3rd W-2	Name of state 2 withholding	2	AN	Two letter state code

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195	3rd W-2	Amount of state 2 withholding	9	N	Number, opt. decimal
196	3rd W-2	Name of locality 2 withholding	10	AN	Text
197	3rd W-2	Amount of locality 2 withholding	9	N	Number, opt. decimal
198	4th W-2	Employer ID	9	N	##### (9)
199	4th W-2	Employer Name	35	AN	Text
200	4th W-2	Employer Address	35	AN	Number/text (separate lines with commas)
201	4th W-2	Box #1: Wages/Tips/Salaries	9	N	Number, opt. decimal
202	4th W-2	Employee SSN (no punctuation)	9	N	##### (9)
203	4th W-2	Employee Name	35	AN	Text
204	4th W-2	Name of state 1 withholding	2	AN	Two letter state code
205	4th W-2	Amount of state 1 withholding	9	N	Number, opt. decimal
206	4th W-2	Name of locality 1 withholding	10	AN	Text
207	4th W-2	Amount of locality 1 withholding	9	N	Number, opt. decimal
208	4th W-2	Name of state 2 withholding	2	AN	Two letter state code
209	4th W-2	Amount of state 2 withholding	9	N	Number, opt. decimal
210	4th W-2	Name of locality 2 withholding	10	AN	Text
211	4th W-2	Amount of locality 2 withholding	9	N	Number, opt. decimal
212	5th W-2	Employer ID	9	N	##### (9)
213	5th W-2	Employer Name	35	AN	Text
214	5th W-2	Employer Address	35	AN	Number/text (separate lines with commas)
215	5th W-2	Box #1: Wages/Tips/Salaries	9	N	Number, opt. decimal
216	5th W-2	Employee SSN (no punctuation)	9	N	##### (9)
217	5th W-2	Employee Name	35	AN	Text
218	5th W-2	Name of state 1 withholding	2	AN	Two letter state code
219	5th W-2	Amount of state 1 withholding	9	N	Number, opt. decimal
220	5th W-2	Name of locality 1 withholding	10	AN	Text
221	5th W-2	Amount of locality 1 withholding	9	N	Number, opt. decimal
222	5th W-2	Name of state 2 withholding	2	AN	Two letter state code
223	5th W-2	Amount of state 2 withholding	9	N	Number, opt. decimal
224	5th W-2	Name of locality 2 withholding	10	AN	Text
225	5th W-2	Amount of locality 2 withholding	9	N	Number, opt. decimal

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226	6th W-2	Employer ID	9	N	##### (9)
227	6th W-2	Employer Name	35	AN	Text
228	6th W-2	Employer Address	35	AN	Number/text (separate lines with commas)
229	6th W-2	Box #1: Wages/Tips/Salaries	9	N	Number, opt. decimal
230	6th W-2	Employee SSN (no punctuation)	9	N	##### (9)
231	6th W-2	Employee Name	35	AN	Text
232	6th W-2	Name of state 1 withholding	2	AN	Two letter state code
233	6th W-2	Amount of state 1 withholding	9	N	Number, opt. decimal
234	6th W-2	Name of locality 1 withholding	10	AN	Text
235	6th W-2	Amount of locality 1 withholding	9	N	Number, opt. decimal
236	6th W-2	Name of state 2 withholding	2	AN	Two letter state code
237	6th W-2	Amount of state 2 withholding	9	N	Number, opt. decimal
238	6th W-2	Name of locality 2 withholding	10	AN	Text
239	6th W-2	Amount of locality 2 withholding	9	N	Number, opt. decimal
240	7th W-2	Employer ID	9	N	##### (9)
241	7th W-2	Employer Name	35	AN	Text
242	7th W-2	Employer Address	35	AN	Number/text (separate lines with commas)
243	7th W-2	Box #1: Wages/Tips/Salaries	9	N	Number, opt. decimal
244	7th W-2	Employee SSN (no punctuation)	9	N	##### (9)
245	7th W-2	Employee Name	35	AN	Text
246	7th W-2	Name of state 1 withholding	2	AN	Two letter state code
247	7th W-2	Amount of state 1 withholding	9	N	Number, opt. decimal
248	7th W-2	Name of locality 1 withholding	10	AN	Text
249	7th W-2	Amount of locality 1 withholding	9	N	Number, opt. decimal
250	7th W-2	Name of state 2 withholding	2	AN	Two letter state code
251	7th W-2	Amount of state 2 withholding	9	N	Number, opt. decimal
252	7th W-2	Name of locality 2 withholding	10	AN	Text
253	7th W-2	Amount of locality 2 withholding	9	N	Number, opt. decimal
254	8th W-2	Employer ID	9	N	##### (9)
255	8th W-2	Employer Name	35	AN	Text
256	8th W-2	Employer Address	35	AN	Number/text (separate lines with commas)
257	8th W-2	Box #1: Wages/Tips/Salaries	9	N	Number, opt. decimal
258	8th W-2	Employee SSN (no punctuation)	9	N	##### (9)
259	8th W-2	Employee Name	35	AN	Text
260	8th W-2	Name of state 1 withholding	2	AN	Two letter state code
261	8th W-2	Amount of state 1 withholding	9	N	Number, opt. decimal
262	8th W-2	Name of locality 1 withholding	10	AN	Text
263	8th W-2	Amount of locality 1 withholding	9	N	Number, opt. decimal
264	8th W-2	Name of state 2 withholding	2	AN	Two letter state code
265	8th W-2	Amount of state 2 withholding	9	N	Number, opt. decimal



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266	8th W-2	Name of locality 2 withholding	10	AN	Text
267	8th W-2	Amount of locality 2 withholding	9	N	Number, opt. decimal
268	9th W-2	Employer ID	9	N	##### (9)
269	9th W-2	Employer Name	35	AN	Text
270	9th W-2	Employer Address	35	AN	Number/text (separate lines with commas)
271	9th W-2	Box #1: Wages/Tips/Salaries	9	N	Number, opt. decimal
272	9th W-2	Employee SSN (no punctuation)	9	N	##### (9)
273	9th W-2	Employee Name	35	AN	Text
274	9th W-2	Name of state 1 withholding	2	AN	Two letter state code
275	9th W-2	Amount of state 1 withholding	9	N	Number, opt. decimal
276	9th W-2	Name of locality 1 withholding	10	AN	Text
277	9th W-2	Amount of locality 1 withholding	9	N	Number, opt. decimal
278	9th W-2	Name of state 2 withholding	2	AN	Two letter state code
279	9th W-2	Amount of state 2 withholding	9	N	Number, opt. decimal
280	9th W-2	Name of locality 2 withholding	10	AN	Text
281	9th W-2	Amount of locality 2 withholding	9	N	Number, opt. decimal
282	10th W-2	Employer ID	9	N	##### (9)
283	10th W-2	Employer Name	35	AN	Text
284	10th W-2	Employer Address	35	AN	Number/text (separate lines with commas)
285	10th W-2	Box #1: Wages/Tips/Salaries	9	N	Number, opt. decimal
286	10th W-2	Employee SSN (no punctuation)	9	N	##### (9)
287	10th W-2	Employee Name	35	AN	Text
288	10th W-2	Name of state 1 withholding	2	AN	Two letter state code
289	10th W-2	Amount of state 1 withholding	9	N	Number, opt. decimal
290	10th W-2	Name of locality 1 withholding	10	AN	Text
291	10th W-2	Amount of locality 1 withholding	9	N	Number, opt. decimal
292	10th W-2	Name of state 2 withholding	2	AN	Two letter state code
293	10th W-2	Amount of state 2 withholding	9	N	Number, opt. decimal
294	10th W-2	Name of locality 2 withholding	10	AN	Text
295	10th W-2	Amount of locality 2 withholding	9	N	Number, opt. decimal
296	Trailer		5	AN	value = ""EOD""